

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

18 ^{PS}

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Annette

L

Sponseller

OFFICE USE ONLY

Date Received

04.01.2021

Drabolee

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

402 Hernandez Loop, Leander, TX 78641

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 534-9522

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

(Self) Annette

L

Sponseller

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

(Residence or Business)

402 Hernandez Loop, Leander TX 78641

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 534-9522

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 03 / 2021

THROUGH

Month

Day

Year

04 / 01 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Leander City Council, Place 2

13 OFFICE SOUGHT (if known)

Leander City Council, Place 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

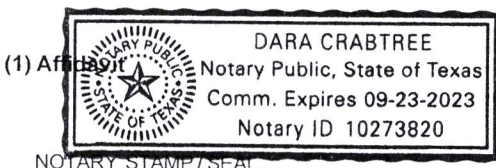
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Annette Sponseller</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5720.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7114.18^{AS}</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>964.03</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>100.00^{AS}</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.

Annette Sponseller
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Annette Sponseller at city hall this the 1 day of April, 2021, to certify which, witness my hand and seal of office.
Dara Crabtree Dara Crabtree Notary / City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Annette Sponseller

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5720.00 20.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4755.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2458.21
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

118

2 FILER NAME

Annette Sponseller

3 Filer ID (Ethics Commission Filers)

4 Date

2.13.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Victor Cernantel

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

306 Hernandos Loop, Leander TX 78641

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

1.29.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Reese Davis

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

201 N. West Dr. Leander TX 78641

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

1.29.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank & Arrena Throver

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

419 Hernandos Loop Leander TX 78641

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

1.29.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Katharine McCormick

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1218 Rambling Trail, Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Inside Sales

Employer (See Instructions)

GSC TX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/8
2 FILER NAME Annette Sponseller		3 Filer ID (Ethics Commission Filers)
4 Date 2.14.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanche & Curtis Corley	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 403 Hernandez Loop Leander TX 78641		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 2.14.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Corley	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 403 Hernandez Loop Leander TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 2.14.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Cowman	Amount of contribution (\$) \$60.00
Contributor address; City; State; Zip Code 1920 Holly Hill Dr. Leander TX 78641		
Principal occupation / Job title (See Instructions) Real Estate Dev.		Employer (See Instructions) Self
Date 2.13.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorothy Darnell	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 411 Hernandez Loop, Leander TX 78641		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Wil County Wilkerson County
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/8

2 FILER NAME

Annette Sponseller

3 Filer ID (Ethics Commission Filers)

4 Date

2.13.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Patrick Shelton

7 Amount of contribution (\$)

\$200.00

6 Contributor address:

City:

State:

Zip Code

10019 Silver Mountain Dr. Austin, TX 78751

8 Principal occupation / Job title (See Instructions)

Duncan & Shelton, LLC owner

9 Employer (See Instructions)

Duncan & Shelton, LLC

Date

2.13.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank Stiles

Amount of contribution (\$)

\$250.00

Contributor address:

City:

State:

Zip Code

4180 Hwy 183 Leander TX 78641

Principal occupation / Job title (See Instructions)

Veterinarian

Employer (See Instructions)

So. San Gabriel Animal Clinic

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kern Sponseller

Amount of contribution (\$)

500.00

Contributor address:

City:

State:

Zip Code

402 Hernandez Loop Leander TX 78641

Principal occupation / Job title (See Instructions)

Maintenance & Operation Tech II

Employer (See Instructions)

Hurst Creek MUD

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Laura Kaufman

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

4114 Waterstone Park Circle, Hillborough, NC 27278

Principal occupation / Job title (See Instructions)

Exec. Assistant

Employer (See Instructions)

Pioneer Nat. Resources

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/8

2 FILER NAME

Annette Spaweller

3 Filer ID (Ethics Commission Filers)

4 Date

3.4.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Katharine McCormick

7 Amount of contribution (\$)

\$50.00

6 Contributor address:

City:

State:

Zip Code

1218 Rambling Trail, Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

For Sale

9 Employer (See Instructions)

GSCTX

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Cameion DeJong

Amount of contribution (\$)

\$20.00

Contributor address:

City:

State:

Zip Code

2432 Deering Creek Ct., Leander, TX 78641

Principal occupation / Job title (See Instructions)

Digital Marketing

Employer (See Instructions)

eMDS

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Margaret Donowitz

Amount of contribution (\$)

\$20.00

Contributor address:

City:

State:

Zip Code

13650 N. Frontage Rd., Yuma, AZ 85367

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amy Manley

Amount of contribution (\$)

\$50.00

Contributor address:

City:

State:

Zip Code

21400 Cherry Hollow Ct., Leander, TX 78641

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Absolut Machine & Tooling.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5/8**

2 FILER NAME

Annette Spenseller

3 Filer ID (Ethics Commission Filers)

4 Date

3.4.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Chandra Birdwell

7 Amount of contribution (\$)

\$60.00

6 Contributor address;

City;

State;

Zip Code

2810 S. Walker Dr., Leander, TX 78641

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Dell

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robm Wheeler

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

4618 Kay Dr., Brownwood, TX 76801

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

GSCTV

Date

3.4.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bailey Demanci

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

2513 Stapleford Dr., Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

UT Thompson Cm Center

Date

3.10.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Christa Russell

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

27075 Waterside Dr., Olmsted Falls, OH 44138

Principal occupation / Job title (See Instructions)

Act. / Payroll clerk

Employer (See Instructions)

Mainthia Tech, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/8

2 FILER NAME

Annette Spenseller

3 Filer ID (Ethics Commission Filers)

4 Date

3.10.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Marybeth Egan

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

1544 Pomeroy Ln., Lak Shore, MN 56468

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3.10.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Crystle & Brad Cloud

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1513 Uhland, Leander, TX 78641

Principal occupation / Job title (See Instructions)

Marketing (Crystle) Engineer (Brad)

Employer (See Instructions)

Self employed (Crystle) KLA (Brad)

Date

3.10.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ten Pizer

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1414 Roaring Fork, Leander, TX 78641

Principal occupation / Job title (See Instructions)

Area Director / Publisher

Employer (See Instructions)

NZ Publishing

Date

3.10.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bill Pohl

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

10800 Pecan Park Blvd., STE #125 Austin, TX 78750

Principal occupation / Job title (See Instructions)

Owner / real estate

Employer (See Instructions)

Pohl Partners

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/8

2 FILER NAME

Annette Spanseller

3 Filer ID (Ethics Commission Filers)

4 Date

3.10.21

5 Full name of contributor

Andy Pitts

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$2000.00

6 Contributor address;

3705 Lajitas Leander TX 78641

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

MLS Direct Network, Inc. / Titanum Payments

Date

3.10.21

Full name of contributor

Joelle Joci

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$75.00

Contributor address;

912 Tabernash Dr. Leander, TX 78641

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Sr. Closer / Funder

Employer (See Instructions)

First Guaranty Mortgage Corp.

Date

3.10.21

Full name of contributor

Terese Walton

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$75.00

Contributor address;

13500 Lyndhurst Apt. 4108 Austin, TX 78717

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Owner / CEO

Employer (See Instructions)

Living Made Easier.

Date

3.22.21

Full name of contributor

Chris Tving

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25.00

Contributor address;

1012 Arada Dr. Leander, TX 78641

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

N/A - unemployed.

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/8

2 FILER NAME

Annette Sponseller

3 Filer ID (Ethics Commission Filers)

4 Date

3.24.21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank and Armeta Throver

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

419 Hernandez Loop, Leander TX 78641

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3.24.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kerm Sponseller

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

402 Hernandez Loop, Leander TX 78641

Principal occupation / Job title (See Instructions)

Maintenance & Oper. Tech II

Employer (See Instructions)

Hurst Creek Mud

Date

3.24.21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Alice Smith

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

1902 Killarney Dr. Leander TX 78641

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

LISD

Date

4/5

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>
2 FILER NAME <div style="font-size: 1.2em;">Annette Sponseller</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.2em;">100.00</div>
5 Date of loan <div style="font-size: 1.2em;">1.13.21</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Annette Sponseller</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">100.00</div>
6 Is lender a financial Institution? <div style="text-align: center;">Y <input type="radio"/> N <input checked="" type="radio"/></div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">402 Hernandos Loop Leander, TX 78641</div>	10 Interest rate <div style="text-align: center;">Ø</div>
		11 Maturity date <div style="text-align: center;">Ø</div>
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Inside Sales & Reporting Manager GSCTX</div>		13 Employer (See Instructions) <div style="font-size: 1.2em;">GSCTX</div>
14 Description of Collateral <div style="text-align: center;"><input checked="" type="checkbox"/> none</div>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="text-align: center;">Y <input type="radio"/> N <input type="radio"/></div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <div style="text-align: center;"><input type="checkbox"/> none</div>		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 113		2 FILER NAME Annette Sponseller		3 Filer ID (Ethics Commission Filers)	
4 Date 3.6.21		5 Payee name Annette Sponseller			
6 Amount (\$) \$1768.81		7 Payee address; City; State; Zip Code 402 Hernandas Loop, Leander TX 78641			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reimbursement for signs		(b) Description reimbursement for signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3.21.21		Payee name Deep Dine Graphics			
Amount (\$) \$1175.00		Payee address; City; State; Zip Code P.O. Box 93, Leander, TX 78641			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) political advertising		Description mailing/app		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3.21.21		Payee name Magnets on the Cheap			
Amount (\$) \$230.41		Payee address; City; State; Zip Code 11525A Stonehollow Dr., Suite 100, Austin, TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pol. advertising		Description magnets		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/3	2 FILER NAME Annette Sponseller	3 Filer ID (Ethics Commission Filers)
4 Date 2.26.21	5 Payee name Deep Dine Graphics	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 93, Leander TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting/Advertising	(b) Description Pol. advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2.14.21	Payee name Deep Dine Graphics	
Amount (\$) \$97.50	Payee address; City; State; Zip Code P.O. Box 93, Leander, TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/advertising	Description consulting/advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3.4.21	Payee name Deep Dine Graphics	
Amount (\$) \$125.00	Payee address; City; State; Zip Code P.O. Box 93 Leander TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description door hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/3	2 FILER NAME Annette Sponseller	3 Filer ID (Ethics Commission Filers)
4 Date 3.24.21	5 Payee name Dirt Cheap Signs	
6 Amount (\$) \$909.30	7 Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista, TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pol. advertising	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3.29.21	Payee name Deep Dive Graphics		
Amount (\$) \$115.00	Payee address; City; State; Zip Code P.O. Box 93, Leander, TX 78641		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) pol. adv.	Description door hangers.	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2.2.21	Payee name BBVA		
Amount (\$) \$34.95	Payee address; City; State; Zip Code 1455 W. Whitestone Blvd, Suite G 125, Cedar Park, TX 78613		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) accounting	Description checks	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 113		2 FILER NAME Annette Sponseller		3 Filer ID (Ethics Commission Filers)	
4 Date 1.27.21		5 Payee name Vista Print			
6 Amount (\$) \$95.93 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) pol. adv.		(b) Description Thank you cards / business cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 1.13.21 City of Leander					
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 105 N. Brushy St., Leander, TX 78641			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing fee		Description Filing fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 3.5.21 Home Depot					
Amount (\$) \$137.30 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2700 Whitestone Blvd. Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description lumber & zip ties		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: # 2/3	2 FILER NAME Annette Spanseller	3 Filer ID (Ethics Commission Filers)
4 Date 3.2.21	5 Payee name Dirt Cheap Signs	
6 Amount (\$) \$1768.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) pol. adv.	(b) Description yard/street signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1.3.21	Payee name Go Daddy	
Amount (\$) \$120.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite 219, Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) pol. adv.	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3.17.21	Payee name Home Depot	
Amount (\$) \$77.60 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2700 Whitestone Blvd, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description lumber & zip ties
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8/3/3	2 FILER NAME Annette Spanseller	3 Filer ID (Ethics Commission Filers)
4 Date 3.28.21	5 Payee name Lowe's	
6 Amount (\$) \$33.47 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1495 S. Hwy 183 Leander, TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) pol. advertising	(b) Description T-posts + 2ipties
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3.21.21	Payee name Tractor Supply	
Amount (\$) \$42.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2000 N. Bell Blvd, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) pol. advertising	Description T-Posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3.30.21	Payee name PayPal	
Amount (\$) \$31.87 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee	Description fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED